

MEDAMERICA INSURANCE COMPANY - NAIC 69515

LTC Individual - Comprehensive - Tax Qualified

Policy Form: FC-336-CA

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
YES	YES	YES	YES	YES	YES	YES	NO	YES

MPB Company Notes:	_365_ (Number of Days) times the Nursing Facility Daily Benefit = _1 year_. Other Notes: 10 year MPB is also offered.
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2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$50	\$500	\$10	YES	NO	NO	NO	NO

NHB Company Notes:	Enter Notes: None reported by the company.
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3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
NO	NO	NO	YES	NO	NO

RCFE Company Notes:	Enter Notes:
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4. Home Care Benefit (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
NO	NO	NO	NO	NO	NO	NO	NO	NO

HCB Company Notes:	Enter Notes: None reported by the company.
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5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.
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6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	YES	YES	NO

QB Company Notes: The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living.

7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
NO	YES	YES	YES	YES	YES	YES	NO	YES

EP Company Notes: Enter Notes: 180 days and 365 days are also offered.

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	YES	YES

IP Company Notes: Enter Notes: Also offered are: 5% Comp 2X, 5% Simp 2X, 3% Comp, 3% Comp 2X, 3% Simp, 3% Simp 2X, Combination Benefit Increase, Daily Benefit Increase

9. Waiver of Premium (WAVP)

Enter Notes: Premiums are waived the day after the elimination period is met.

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Long Term Care Insurance Rates

Policy Form: FC-336-CA

LTC Individual - Comprehensive - Tax Qualified

	30 Day Elimination Period - Calendar				90 Day Elimination Period - Calendar			
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
50	\$554	\$2,240			\$468	\$1,891		
55	\$737	\$2,507			\$622	\$2,117		
60	\$996	\$2,846			\$840	\$2,403		
65	\$1,471	\$3,505			\$1,242	\$2,959		
70	\$2,245	\$4,451			\$1,895	\$3,757		
75	\$3,498	\$5,874			\$2,953	\$4,959		
80	\$5,502	\$7,968			\$4,645	\$6,727		

Customer Service Telephone Number: (800) 544 - 0327